TON-0365

The Municipality of
Metropolitan Toronto

Metropolitan Community Services Department
City Hall, West Tower, 5th Floor
Toronto, Ontario, Canada M5H 2N1
Telephone: (416) 367-8681 Telex: 06-23472

METROPOLITAN TORONTO CENTRAL LIBRARY Municipal Reference

February 22, 1982

To: Advisory Committee, Homes for the Aged

From: Commissioner, Community Services Department

Re: ORGANIZATION OF THE DIVISION

1. INTRODUCTION

During the past three years, a number of reports have indicated the need for a review of care provided to the elderly. Major issues revolve around the location in which that care is provided and the level of care needed by Senior Citizens. From the wholly institution-based approach to providing care common up to 25 years ago, the pendulum swung to view community-based care as of primary importance. In the 1980's it is evident that what we really need is a continuum of care with services available in private homes, in the group or congregate living situations, in semi-independent settings with built-in supports, and in institutions such as Homes for the Aged. In terms of the levels of care we, as policy makers, have to determine the most effective (for the senior and for the taxpayer) method of providing the necessary care in the most appropriate setting for the individual.

The resolution of these issues is the more critical because we know that we have an aging population. The number of people over the age of 65 will increase to approximately 12 or 13% of the population by the year 2001. And, at that point, the leading edge post-war baby boom will still

only be in their mid-50's. It is incumbent upon policy makers to determine the needs of the future now, in order to provide appropriately for that future.

We also know that, people who live longer require more services, especially the services of institutions. For those people who are over the age of 75, the use of all forms of institutional care - acute care, hospitals, nursing homes, chronic hospitals, Homes for the Aged - increases rapidly. If [illegible] are inappropriately placed in one type of an institution, they occupy a place which should go to someone who is in greater need. And just as important, the wrong type of institution cannot provide the care which is really needed.

The Municipality of Metropolitan Toronto, through the Community Services Department, is a major provider of institutional and community-based care for the elderly. The seven Homes for the Aged with 2,732 beds and the Satellite Home Program with 485 beds provides care to 23% of Metro's senior citizens who are in long-term care facilities. The Homes also provide care to community-based seniors through day centres and vacation care programs. Other programs include participation in Homemakers' and Nursing Services programs, provision of grants to the elderly, 17,000 senior citizens' apartments, and administering the T.T.C. reduced fare program. The overall operation of Departmental programs is unique in size and scope in Ontario.

2. BACKGROUND

Within the Community Services Department, Senior Services provides 24-hour-a-day, 7 day-a-week total care service in a number of residential settings to over 3,200 senior citizens. The operation requires a staff of over 1,600 employees, 53% of the establishment of the Department and 25% of the total establishment of the Metropolitan Corporation. Senior Services, then, is a large organization.

The needs of this organization were examined during the Management Review of the former Department of Social Services, released on June 16, 1981. The Management Review identified many of the basic organizational problems within Senior Services and developed an initial approach to resolving these problems. This report represents a "fine tuning" of the Management Review to reflect the support staff and management needs of Senior Services in the future.

Although there is a clearly defined management and supervisory structure within each of the Homes for the Aged, the capability of Senior Management to respond to issues of Divisional scope is severely constrained by the absence of adequate middle management and staff support. Senior management within the Division is comprised of the General Manager, the Manager of Operations (Homes for the Aged), the Manager of Administration and Program Coordination, and the Medical Director, Geriatric Centre. With the exception of the Staff Assistant to the General Manager, all staff reporting to the Managers and the Medical Director, Geriatric Centre are operating or program staff.

Yet, the Management Review of the Department states that (page 7): "the lack of an adequate management control system is pervasive throughout the Department. The development of measureable standards, monitoring systems, program evaluation, performance measures, management reporting systems and operational planning is not sufficiently advanced." Within an operation as large, as complex, as geographically dispersed, and as explosive in terms of future policy, as Senior Services, adequate management control is impossible with existing management staff levels.

In the past, the lack of adequate management control has been addressed by centralizing all major functions of the Division within Head Office. Thus, the Satellite Home Program and control over admissions to the Homes are completely centralized to ensure appropriate control. Although it is recognized that certain components

of both programs must be administered centrally, the Administrators of the Homes should, in general, be held accountable for these functions. This can only happen when standards have been set, changes implemented and a process of program monitoring established. Only when an adequate management control system is put in place, can the Administrators be held fully accountable for the operation of their Homes and for implementing of these standards. The establishment and implementation of an appropriate organizational structure which would enable Senior Management to effect this goal is of primary importance over the next six months.

3. FUNCTIONS TO BE CARRIED OUT

Simply stated, the Senior Services Division has inadequate management control capability and administrative support by even the "leanest" standard. Reinforcing this conclusion is a listing of the most significant yet most basic functions which must be carried out by senior and middle management in order to ensure an effective operation.

1. Administrative control and operation of 7 Homes for the Aged and 11 Satellite Homes encompassing responsibility for all aspects of resident care delivery as well as operation and maintenance of the physical plant;

2. admissions to the programs offered by Senior Services and operating out of the 7 Homes for the Aged;

3. management reports and the development of those management reports;

4. development of standards for all programs offered within the Homes for the Aged and for any other services offered by the Homes;

5. monitoring the implementation of standards set for the Division;

6. on-going monitoring to ensure that standards, once set, are maintained;

7. administration of Residents' trust accounts;

8. central support in personnel administration for the organization;

9. on-going upgrading of programs offered within the Homes for the Aged;

10. planning for the development of new programs, both with existing Homes and for new Homes;

11. attendance at, and preparation for meetings of Metropolitan Council, the Community Services and Housing Committee, the Advisory Committee, Homes for the Aged, and with Provincial representatives at various levels of decision making;

12. negotiations with Provincial representatives and with appropriate Metropolitan officials with respect to the future goals and objectives of Senior Services for the Division, as well as the budget required to carry out those goals and objectives;

13. central monitoring of annual expenditure;

14. the operation of the Geriatric Centre;

15. negotiation with applicants and next-of-kin to determine responsibilities and expectations of the Home and the applicant (including appropriate financial support);

16. discussion with the Medical Directors and other medical staff within the Division to determine their operating needs as well as their administrative responsibilities;

17. development of policies and procedures within the operation and monitoring of their effective implementation.

These functional areas of responsibility dictate, to a large extent, the organizational structure. The discussion below addresses the implications of these functions as they translate into an organizational strategy that will ensure effective operation.

4. PROPOSED ORGANIZATIONAL STRATEGY

Within the overall organizational structure, a number of elements must be introduced to provide the authority and accountability required to manage the operation of the Homes for the Aged Division. The organization charts in Appendix I illustrate the former organization and the recommended reorganization. Appendix II suggests an optional organization. The recommended organization should be viewed as evolutionary, with a provision established that a review take place within one year after the transitional period begins to ensure continued effectiveness of operation.

4.1 Major Elements

4.1.1 Board of Management

A Board of Management will be necessary to provide ongoing policy and operational support, extensive knowledge of similar operations, guidance in the operation of the Homes, input into the development of new programs, commentary on negotiations with Provincial

officals and input to Metropolitan Council. It is hoped that the Advisory Committee will assist in determining the specific composition and relationships necessary for such a Board of Management (possibly as suggested in the Report on Models of Boards of Management by Jonathan Burke). Staff of the Metropolitan Legal Department are currently investigating the legal requirements for changes to the Metropolitan Toronto Act.

4.1.2 General Manager

This position which was etablished by Metropolitan Council at its meeting of January 19, 1982, will supply the necessary coordination of all aspects of service in the Homes for the Aged Division. The General Manager will be responsible to the Commissioner of Community Services for development of Divisional policy, implementation of policies approved by Metropolitan Council, admissions to programs offered within the Homes for the Aged Division, provision of care to senior citizens in the Homes for the Aged Division, and the attainment of operational goals. The General Manager will also be responsible for attendance at meetings of Metropolitan Council, the Community Services and Housing Committee, the Board of Management, and with Provincial representatives in policy and budget.

The General Manager will chair the meetings of the Resident Care Team to ensure that the quality of care within the Homes meets the standards set by the Team. During the initial phase of implementing the organizational changes required, the Administrators of the Homes for the Aged will report directly to the General Manager. This reporting relationship will be reviewed at the end of one year.

4.1.3 Resident Care Team

To ensure that standards for resident care are continually monitored, a Resident Care Team will be established within the Division. This team will have the following responsibilities; to set standards of health, social, psychological, and activation care for participants in the Division's programs, and to monitor and ensure compliance with these standards. Although the Board of Management will ultimately determine the Team's composition, it is suggested that the Resident Care Team initially be comprised of the General Manager (Chairman), the Assistant General Manager, two Medical Directors of the Homes (in rotation), two Nursing Directors from the Homes (in rotation), the Manager of Nursing Services, the Coordinator of Activation, the Administrator of Assessment and Counselling, the Chief Pharmacist, the Director of Food Services, and the Medical Director of the Geriatric Centre.

This team will report to the General Manager and through him to the Advisory Committee, and should be reflected in the establishment of a Resident Care Team at the Home level to provide the same monitoring of programming for individuals.

4.1.4 Assistant General Manager

The incumbent of this position reporting to the General Manager, will be responsible for the support services tothe operation of the Homes for the Aged, Satellite

Homes, and other programs offered by the Division. The support services will include central administrative support in budgeting, accounting, purchasing, and trusts and estates; central intake, assessment and counselling for admission to the programs; development of management information systems to support decision-making; development of standards for care within the Home system; implementation of these standards, once developed; and monitoring of the operation. In the absence of the General Manager, this position will assume the duties of the General Manager.

4.1.5 Director of Organizational and Program Development (Interim)

This position arises out of concern regarding the implementation of the organizational structure. Staff support to the Division has been minimal to date and intensive organizational development must take place to implement the area for which the Assistant General Manager is responsible.

The organizational changes, which are quite complex, will be difficult to implement because they should ideally happen almost simultaneously. The day-to-day responsibilities will occupy the Assistant General Manager full-time. To implement the restructuring, it is proposed that a Director of Organizational and Program Development be installed on an interim basis. The position will report to the General Manager and will have authority to implement the reorganization. The continuing need for this position will be reviewed on an annual basis.

4.2 Management Positions Required for Implementation

4.2.1 Chief Pharmacist (Existing)

The Chief Pharmacist is responsible for supplying a full range of pharmaceutical services for the Homes for the Aged programs through the Central Pharmacy.

4.2.2 Manager - Nursing Services (Existing - Hiring Underway)

The Manager of Nursing Services will be responsible for developing, implementing and monitoring standards of nursing and personal care in the Homes for the Aged and Satellite Homes; standardization of nursing techniques and procedures throughout the Homes for the Aged; assessment and evaluation of nursing services, levels of care, staffing requirements, and staff schedules; and liaison with the Medical Director, Supervisor of Activation and the Director of Nursing in each Home. The Manager of Nursing Services will be a member of the Resident Care Team.

Reporting to the Manager of Nursing Services will be the In-Service Training Coordinator (an excluded position approved in the Ruth Report on Greenacres), and two Nurses who provide health care assessment and consultation to the Satellite Home Program.

4.2.3 Director - Food Services (Existing)

At present, the Director of Food Services reports to the Deputy Commissioner of Community Services. The major responsibilities of the Director of Food Services are

oriented toward activities in the Homes, whether in testing recipes for the proposed Commissary or in supervising dietary services within the Homes for the Aged. Therefore, it was felt that appropriate control of the program could more adequately be maintained by changing the reporting relationship.

4.2.4 Coordinator - Activation (Existing)

This position is responsible for coordinating the delivery of recreational and lifestyle programs within the Homes for the Aged Division through liaison with the Supervisor of Activation in each Home. Included among these programs are the Day Centre operations, the crafts programs, activation and recreation programs, and service coordination for the Satellite Homes. Reporting to this position is the Music Instructor who divides his work equally among the Homes for the Aged and Satellite Homes.

4.2.5 Manager - Administrative Services (New)

The major responsibility of this position is to provide the administrative support necessary for the operation of the Homes for the Aged Division. This support includes development of appropriate and comprehensive management information systems to assist decision making, coordination of accounting and budgetary activities in the Division, coordination of personnel and staffing across the Division, operation of the Trusts and Estates Unit, coordination of purchasing for the entire Division and administration of Satellite Home contracts. In addition, the Manager of Administrative Services will provide liaison with the Administration Division of the

Department of Community Services on all of these matters.

A number of positions will report to the Manager of Administrative Services. A Personnel Clerk (new, excluded) will be retained to process staff recruitment to reduce the lead time necessary for staff replacement. The Personnel Clerk will also assist in the preparation of management reports on the issues which inevitably arise with a staff complement of 1,600.

Secondly, the Administrator, Trusts and Estates (existing, excluded) will be responsible for the general supervision of trust accounts, maintenance accounts and related estate work. A third excluded position, the Supervisor, Accounting and Budgets (new), will be required to coordinate the budgetary process, to develop central financial reports, to provide central accounting functions and to coordinate purchasing. Supporting this position will be a number of clerical positions, one of which will specifically provide coordination of purchasing within the Division

4.2.6 Administrator of Assessment and Counselling (Existing)

The major responsibilities of this position include intake and assessment of applicants for services available in the Homes for the Aged Division, according to the Division's Admission Criteria, coordination of the counselling program in the Homes, counselling of senior citizens eligible for admission to the programs offered in the Division, and financial clearance. The actual decision regarding admission to any of the programs is made by the Home Admissions Board, consisting of the Medical

Director, Administrator, Nursing Director of the Home, Supervisor of Activation, Supervisor of Social Support and the Worker assigned to the applicant.

Reporting to the Administrator of Assessment and Counselling are two Assessment Supervisors (excluded). The Assessment Supervisors are responsible for case management in the intake, assessment and referral process, liaison with referral sources, and for supervising the assessment counsellors.

4.2.7 Medical Director, Geriatric Centre

In addition to the Assistant General Manager, the Medical Director of the Geriatric Centre will report to the General Manager. This position is responsible for effective direction of medical and related professional services provided by consultants at the Centre, as well as continuing responsibility for medical staff development, and geriatric care research programs. This position provides input with respect to medical systems and medical care within the Division as a member of the Resident Care Team.

4.3 Other Administrative Considerations

Two major areas of administrative support have not yet been addressed in this report. These areas do not require a permanent staff component but expert consultation to develop appropriate systems, and standards. The procedural manuals thus produced will guide staff in implementing the systems with management in the Division responsible for the continuing efficiency of the operation.

4.3.1 Information Systems

The first major area of concern is the need for information systems support. The Management Review states "while the existing information management systems might have been appropriate when Metro was running only two Homes, the size and complexities of the management requirements today have outstripped the usefulness of this system". It is anticipated that on a full-time but time-limited (e.g. two years) basis, it will be necessary to retain a Systems Consultant to develop the appropriate software for management reports, planning capability, and a registry of applicants, and interface with the Central Accounting System. For example, division management cannot be informed as to the characteristics of the current waiting list because it is virtually impossible to get the information manually from the 600+ files which currently exist. In addition, there is very limited information on the service needs of residents in a suitable form for management purposes beyond the monthly statistics on movement in and out of the system. The consultant should also advise on the appropriate hardware for the system.

4.3.2 Maintenance and Housekeeping

The second major area of concern is the coordination of the maintenance and housekeeping programs within the Homes for the Aged. A new position, Supervisor of Maintenance and Housekeeping, will provide coordination at a senior level within each Home. (See Section 5.6.) However, the development and implementation of a total maintenance program across the Homes is necessary in

view of the size and age. It is proposed that a Consultant be retained to develop in-house manuals which will enable the Supervisor of Maintenance and Housekeeping to carry out day-to-day operations of the Homes according to standard. In addition, the Consultant would develop a system linking the maintenance program of the Homes with the preventive maintenance program set up by the Housing Division's Property Maintenance Coordinator.

The above positions should be retained immediately since little change in many areas can be accomplished without them.

5. ORGANIZATIONAL IMPLICATIONS

5.1 Reporting Relationship of the General Manager

The General Manager, Homes for the Aged, reports to the Deputy Commissioner of Community Services and, through him, to the Commissioner of Community Services. In view of the responsibilities of the position, it is suggested that a change in a reporting relationship take place. The General Manager, Homes for the Aged, should report directly to the Commissioner of Community Services with the Homes for the Aged becoming a separate Division within the Department of Community Services.

This also clarifies the focus of the operation. The Homes for the Aged will have responsibilities within the communities they serve. The Homes will provide outreach programs such as day centres - and hopefully the community will reach out to them. They are distinct from other types of services to senior citizens.

5.2 Allocation of Managers' Responsibilities

The Division provides direct service through the seven Homes for the Aged and the Satellite Home Program. Its operations require support which should operate in the Head Office of the Division. The two original managerial positions divide the operational and staff support responsibilities: the Manager of Operations had responsibility for the operation of the seven Homes for the Aged, Central Stores, Pharmacy, and the Trusts and Estates Unit. The Manager of Admissions and Program Development had responsibility for admissions to the various programs, the Satellite Home Program, and program development (the scope of which was undefined).

The Management Review clearly identified these anomalies and suggested a solution. The operational responsibility for the Homes was to remain under the Manager of Operations, the operation of the Satellite Home Program was to become the responsibility of the Supervisor of Purchase Services, and the staff support function was to become the responsibility of a newly created position, Manager of Administration and Program Coordination. The refinement of this structure has been carried out by senior staff of the Division and now requires endorsement by the Advisory Committee and Metropolitan Council.

5.3 Operation of the Satellite Home Program

The 485 bed Satellite Home Program operated by the Homes for the Aged Division is the largest in Ontario. It is also unique. When Hilltop Acres was closed, negotiations with retirement lodges were undertaken to accommodate Residential Care residents. This 400-bed purchase-of-service capability is different from any other Satellite Home Program in the Province.

Divisional staff are now responsible for setting standards and monitoring services (similar to that provided by the Resident Care Team in the other Homes). Direct service is limited after the operation is well established. Private and Group Homes, on the other hand, need direct staff support.

The Program is operated through Head Office at present. It is proposed that the Satellite Homes will operate as true Satellites of the various Homes for the Aged. The Medical Directors will be asked to extend their responsibility to the various Satellites and to provide admissions consultations at the Home Admissions Board. The fee for these services will be negotiated with the Medical Directors.

Contract administration and development of new Satellite Homes will become a responsibility of the Assistant General Manager in consultation with the Administrators. The responsibility for residents' finances and appropriate program support will be given to the Home Administrator.

5.4 Admissions

The assessment and counselling process for applicants to Divisional programs is centralized, while much of the actual admission has already been decentralized. Should adequate social work support be available in the Homes, much of the pre- and post-placement work could also be decentralized. However, the financial support agreements and financial clearance, as well as long-term counselling with respect to the changing lifestyle should remain central - apart from the prospective applicant's new home.

5.5 Revisions to the Program Staff at Head Office

In the past two years, the direct supervision of the Assessment and Counselling Unit and the Satellite Home Program has been

amalgamated under one individual. In spite of many improvements in the quality of assessment and counselling, the arrangement is administratively and programmatically unsound.

5.5.1 The Satellite Home Program

A major review of the Satellite Home Program will be undertaken within the next six months to assess the level of service, redefine contract requirements and the budget process, and establish a monitoring/development program. The program (which is unique in size and complexity), has two program levels: first, the smaller Homes which require direct support in programming; and second, the large retirement homes which are expected to provide programs to residents but which require regular monitoring. Contract administration is a universal function of the program.

It is proposed that the program delivery to the Satellite Homes be decentralized to the Homes for the Aged (i.e. that they become true "satellites"). Monitoring and contract administration will be carried out by a unit reporting to the Manager of Administrative Services. The composition of the unit will be confirmed after the review of the Program is complete. It is anticipated that current functions of the Satellite Home Program Staff (4 Caseworkers, one Clerk Grade 2, and one Supervisor) will change but that the positions will be retained in the system, assigned to the Homes. For the present, they will remain a discreet entity, reporting to the General Manager. The positions should be redesignated from the "Welfare Visitor" and "Case Supervisor" classifications to "Social Support Counsellor - Satellite Homes" and "Satellite Home Supervisor" to reflect the true responsibilities of the position.

The two Nurses will continue to provide health care assessments, consultative services and counselling, but will report to the Manager of Nursing Services. In view of their unique function, their designation as "General Duty Senior Nurses" will be evaluated during the Program Review.

5.5.2 The Assessment and Counselling Unit

A number of major problems within this function impede service delivery to our clients. In the first place, assessment functions are carried out by the Satellite Home and "Home Admissions" staff. This issue has already been addressed. But the second issue has not - the current staff within the unit are inadequate to perform the necessary functions.

The workers in the Assessment and Counselling Unit are required to prepare extensive documentation on the residents and to coordinate the appropriate case documentation from hospitals, nurses, physicians, etc., as well as preparing their own social casework report. They are also required to determine the appropriateness of the applicant for our services, to consult with the Home with which they are affiliated, and to process the application so that it can be presented to the Home Admission Board for approval or rejection. Finally, they are expected to refer inappropriate applicants to other agencies. Financial clearance is currently carried out by the Trusts and Estates Unit although preliminary information is obtained by the Worker. In 1981, over 3,000 applications were processed by nine workers.

The clerical support is also inappropriate. At present, three Clerks handle the work of the Satellite Home and Assessment staff, including general typing, filing, answering the telephone and responding to numerous enquiries. Caseworkers type their own reports. To respond to these and other issues, it is proposed that the following changes be implemented:

a) addition of two Interviewers (Clerks - Grade 3) whose sole responsibilities will include telephone screening, information dissemination, and telephone referral;

b) addition of one Statistical Clerk (Grade 2) whose responsibilities will include data input and retrieval, and production of management reports. This position will not be required until the Systems Consultant has developed the appropriate management information systems and the necessary hardware has been obtained;

c) redesignation of the Caseworkers (the nine Caseworkers on staff are classed as Welfare Visitors). This harms staff morale and hinders the development of qualified staff in counselling and gerontology. The lack of staff also affects performance. It is proposed to transfer one worker from the Satellite Home Program and to add three positions. The thirteen positions should be redesignated "Assessment Counsellor: to reflect the true responsibilities of the position. A second supervisory position (Assessment Supervisor) will be necessary for the staff of this size.

5.6 Changes Within the Structure of the Home

Under the proposed reorganization, the Administrator of each Home will be required to take full responsibility for the operation of the Home and all programs operating within it. This includes accountability for the budget, the care program delivered to residents, the adequacy of the structure, the staffing, development of liaison with the community around the Home, compliance with standards set by the Resident Care Team, and preparation of appropriate management reports. The Administrator, in consultation with his Medical Director and Nursing Director, will be increasingly responsible for the admissions to his Home; these admissions will, of course, be made in accordance with criteria set by the Resident Care Team. Finally, the Administrator will be responsible, as assigned, for the operational support and monitoring of Satellite Homes assigned to the Home. For the time being, the Assistant Administrator will assume these duties in the absence of the Administrator.

To support this increased accountability and to ensure that he is fully responsible for the major areas within the Home, it is suggested that the following changes take place:

a) that the Dietitian be redesignated as Dietary Supervisor and report directly to the Home Administrator;

b) that a new position, Supervisor of Housekeeping and Maintenance, be established in each of the seven Homes to coordinate the activities of the Maintenance and Housekeeping departments within the Home and that this person, along with the Administrative Office staff, report to the Assistant Administrator;

c) that the Supervisor of Resident Services be redesignated Supervisor of Activation;

d) that a new excluded position, Supervisor of Social Support, be established in each of the seven Homes to ensure that there is adequate social service support for residents and their families. Reporting to this position will be a Social Support Counsellor; in four Homes, staff with a range of titles currently fulfill the responsibilities of the position. Titles will be made consistent across the Homes. Responsibilities of this new Department in the Homes will include pre- and post-placement counselling, participation in admissions, discharges and transfers, and palliative counselling. These positions will assumne greater responsibility at the Home level for admissions functions which are performed at Head Office, and will be involved in service to residents of the smaller Satellite Homes.

6. ISSUES TO BE RESOLVED

6.1 The Model of Care

The philosophy of Homes for the Aged provides for a system of total support for an elderly person. It pre-supposes that the elderly person requires such a level of support in health, social/psychological, and recreation that no form of community-based care can accommodate. However, it also presupposes that the individual does not need extensive medical care. The difference between someone who needs a Home for the Aged and someone who needs chronic hospital care is the difference between someone needing 24-hour nursing and personal care at home with a personal physician in case of illness, and someone who is sick.

Beyond the need for nursing and personal care, this philosophy implies that anyone - any member of the community - has a whole range of interests and friends to support a high quality of life.

For those who need 24-hour a day nursing supervision, and for those who are lonely, the Homes provide a community.

Homes for the Aged cannot provide the treatment, services or facilities of an acute, chronic, rehabilitative, convalescent or psychiatric facility. Although many residents do require extensive nursing and personal care similar to or heavier than that provided in Nursing Homes, the Home for the Aged resident does not necessarily require nursing care. Prospective residents are also assessed in terms of their social, psychological, health and life-style needs; they are admitted only if they agree to placement. Appendix 3 clearly identifies the different types of care available in institutions within the province, particularly with respect to long-term care facilities.

6.2 Role of the Division in Providing Care to Seniors

With the establishment of the position of General Manager, Homes for the Aged, Metropolitan Council has changed the orientation of the Senior Services Division. The confusion arising from the title "Senior Services" has given rise to questions about the true role of the Division.

The Metropolitan Toronto Homes for the Aged offer a variety of services to senior citizens. Among these are what might be termed community outreach programs such as Day Centres, Vacation Care or Short Term Stay and Emergency Care. All are offered under The Homes for the Aged and Rest Homes Act and subject to its regulations. They provide a comprehensive program approach to care for seniors but they do not provide the wide range of programs which exist outside of the Homes for the Aged structure (e.g. Grants to the elderly, Elderly Persons' Centres grants, Homemakers' and Nurses Services, and assessment-placement coordination).

Such services should not be the responsibility in this Division, given the tremendous responsibilities of providing services within the Metropolitan Homes for the Aged. It is more appropriate to consider these programs as separate functions within the Department of Community Services with linkages to both the Housing Company and the Homes for the Aged Division. The Homes for the Aged cannot be all things to all people.

6.3 Responsibility of the Applicant and of the Home

In reviewing the organizational structure, it is evident that the Metropolitan Toronto Homes for the Aged have become victims of being a government agency. The public understands that the Homes provide care; it does not understand that a) they can admit only people for whom they can provide appropriate care and b) the fact of government funding does not mean that the Homes provide a free service. Admissions criteria and financial issues must be examined closely.

As these criteria and the implementing procedures are worked out, an individual contract should be established between the applicant and the Home to clarify mutual expectations and responsibilities.

7. RECOMMENDATIONS

In order to most effectively implement required change in the Homes for the Aged, it is recommended that:

1. the organizational structure proposed in Appendix I (attached) be approved;

2. the name of the Division be changed to "Homes for the Aged Division";

3. changes to the Establishment of Strength of the Homes for the Aged Division proposed in Appendix IV be approved and be forwarded to the Personnel Department for evaluation and processing through the Management Sub-Committee to Council;

4. the necessary adjustments to the budget be forwarded to the Advisory Committee after this report and item 3 above have been approved by the Metropolitan Council;

5. a review of the implementation of the reorganization be undertaken after six months and at the end of one year, with a report on progress to be submitted to the Advisory Committee;

6. the appropriate Metropolitan staff be instructed to take whatever action is necessary in order to give effect to the foregoing.

J.P. Kruger
Commissioner
Community Services Department

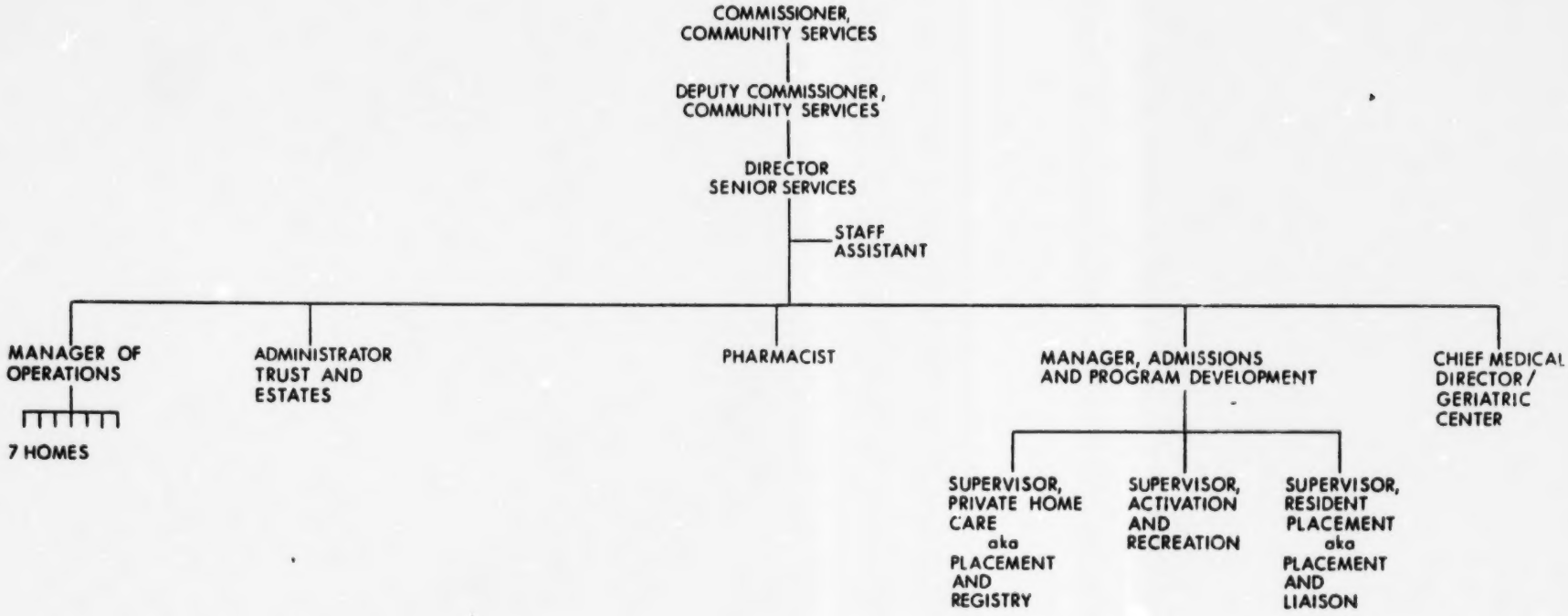
/lw

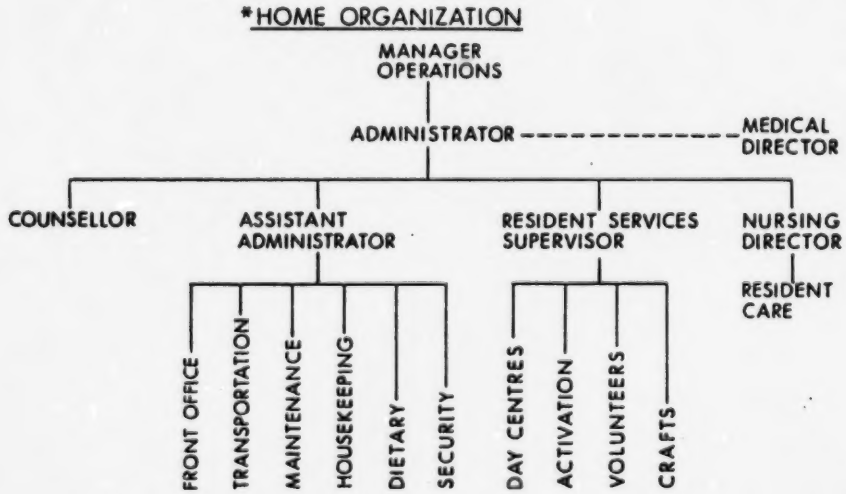
APPENDIX I

FORMER ORGANIZATION

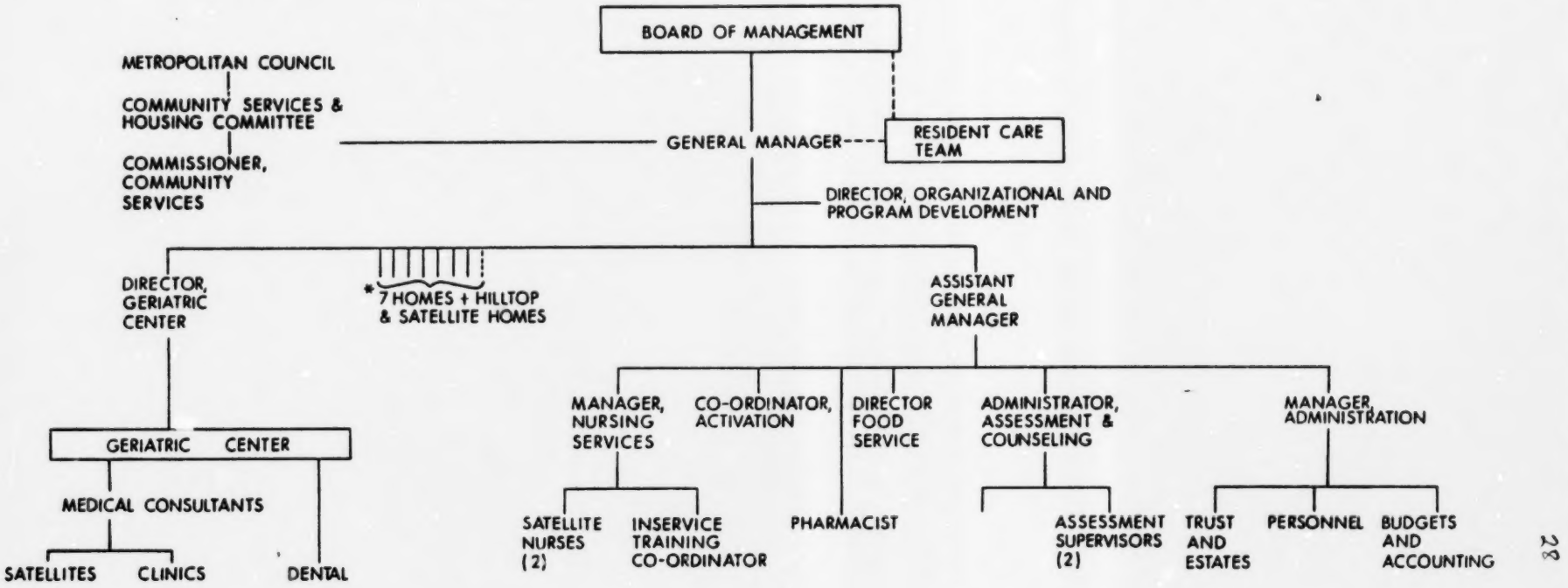
PROPOSED ORGANIZATION

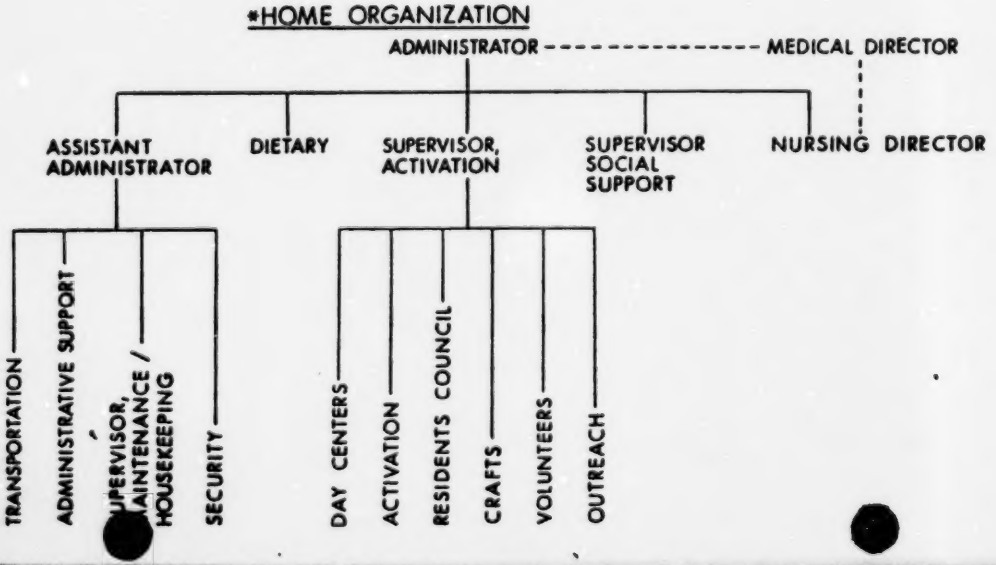
FORMER ORGANIZATION–HOMES FOR THE AGED*


COMMISSIONER, COMMUNITY SERVICES
DEPUTY COMMISSIONER, COMMUNITY SERVICES
DIRECTOR SENIOR SERVICES
STAFF ASSISTANT
MANAGER OF OPERATIONS
7 HOMES
ADMINISTRATOR TRUST AND ESTATES
PHARMACIST
MANAGER, ADMISSIONS AND PROGRAM DEVELOPMENT
CHIEF MEDICAL DIRECTOR / GERIATRIC CENTER
SUPERVISOR, PRIVATE HOME CARE aka PLACEMENT AND REGISTRY
SUPERVISOR, ACTIVATION AND RECREATION
SUPERVISOR, RESIDENT PLACEMENT aka PLACEMENT AND LIAISON



PROPOSED ORGANIZATION-HOMES FOR THE AGED: OPTION I

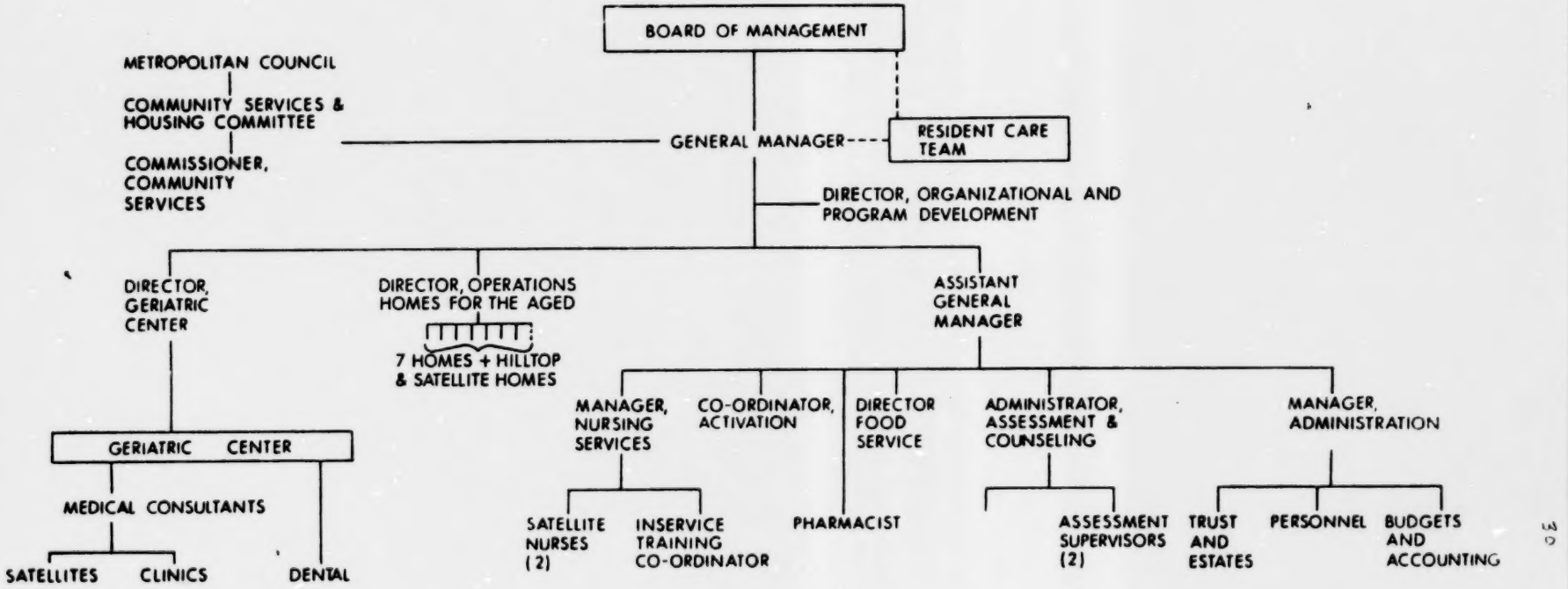


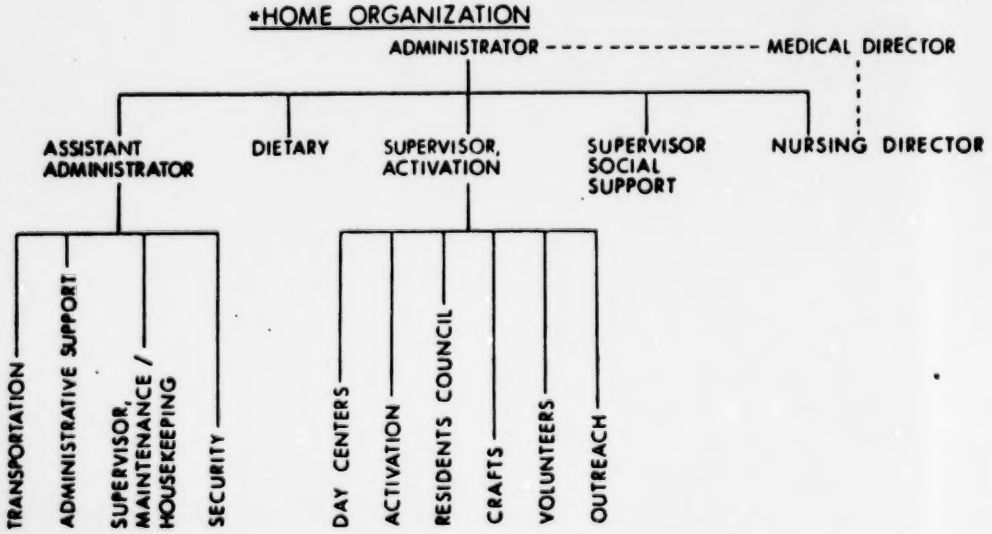


APPENDIX II

OPTIONAL ORGANIZATION

PROPOSED ORGANIZATION-HOMES FOR THE AGED: OPTION II





OPTIONAL POSITION

During this review of the organizational structure, it became evident that the Home Administrators should report directly to the General Manager for the present. However, the operational and policy responsibilities of such a position are so onerous that one optional position was developed for consideration.

A Director of Operations would be accountable to the General Manager for the management and direction of the operational aspects of the seven Homes under normal (i.e. post-implementation) circumstances. Responsibilities would include: care of the residents, building maintenance, food service, housekeeping service, and Central Stores. In addition, the incumbent would work with the Assistant General Manager to prepare operating and capital budgets, implement care standards set by the Resident Care Team, and to ensure that the same high quality service is provided at every location.

APPENDIX III

TYPES OF CARE

Types of Care*

Type 1 (Residential Care)
Care required by a person who is ambulant and/or independently mobile, who has decreased physical and/or mental faculties, and who requires primarily supervision and/or assistance with activities of daily living and provision for meeting psycho-social needs through social and recreational services. The period of time during which care is required is indeterminate and related to the individual condition.

Type 2 (Extended Health care)
Care required by a person with a relatively stabilized (physical or mental) chronic disease or functional disability, who having reached the apparent limit of his recovery, is not likely to change in the near future, who has relatively little need for the diagnostic and therapeutic services of a hospital but who requires availability of personal care on a continuing 24-hr. basis, with medical and professional nursing supervision and provision for meeting psycho-social needs. The period of time during which care is required is unpredictable but usually consists of a matter of months or years.

Type 3 (Chronic)
Care required by a person who is chronically ill and/or has a functional disability (physical or mental) whose acute phase of illness is over, whose vital processes may or may not be stable, whose potential for rehabilitation may be limited, and who requires a range of therapeutic services, medical management and skilled nursing care plus provision for meeting psycho-social needs. The period of time during which care is required is unpredictable but usually consists of a matter of months or years.

Type 4 (Special rehabilitative care)
Care required by a person with relatively stable disability such as congenital defect, post-traumatic deficits or the disabling *sequelae* of disease, which is unlikely to be resolved through convalescence or the normal healing process, who requires a specialized rehabilitative program to restore or improve functional ability. Adaptation to this impairment is an important part of the rehabilitation process. Emotional problems may be present and may require psychiatric treatment along with physical restoration. The intensity and duration of this TYPE OF CARE is dependent on the nature of the disability and the patient's progress, but maximum benefits usually can be expected within a period of several months.

Type 5 (Acute)
Care required by a person:
a) who presents a need for investigation, diagnosis or for definition of treatment requirements for a known, an unknown or potentially serious condition; and/or
b) who is critically, acutely or seriously ill (regardless of diagnosis) and whose vital processes may be in a precarious or unstable state; and/or,
c) who is in the immediate recovery phase or who is convalescing following an accident, illness or injury and who requires a planned and controlled therapeutic and educational program of comparatively short duration.

* The TYPES OF CARE are now to be depicted by a number rather than by the previously used descriptive terminology included in the brackets
(——) Terminology in common use in Ontario

Reference: Patient Care Classification, Ontario Ministry of Health.

APPENDIX IV

CHANGES TO THE ESTABLISHMENT OF STRENGTH

HOMES FOR THE AGED DIVISION

APPENDIX IV

CHANGES TO THE ESTABLISHMENT OF STRENGTH HOMES FOR THE AGED DIVISION

1. Head Office	Increase	Decrease	Net Increase
Manager of Operations		1	
Manager of Administration and Program Coordination		1	
Assistant General Manager	1		
Director of Organizational and Program Development	1		1
Manager of Administrative Services	1		1
Director, Food Services	1		
In-Service Training Coordinator	1		1
Supervisor, Activation and Rehabilitation		1	
Coordinator, Activation Volunteers	1		
Personnel Clerk	1		1
Supervisor, Accounting and Budgets	1		1
Supervisor, Private Home Care		1	
Administrator of Assessment and Counselling	1		
Case Supervisor		2	
Supervisor, Resident Placement		1	
Assessment Supervisor	2		
Supervisor, Satellite Homes Program	1		
Welfare Visitor		14	
Assessment Counsellor	13		
Social Support Counsellor (Satellite Homes)	4		3
Secretary Grade 2	1		1
Clerk Grade 2	2		2
Clerk Grade 3	4	–	4
	35	21	15

2. Homes for the Aged			
Social Worker		1	
Counsellor		3	
Supervisor of Social Support	7		7
Social Support Counsellor	7		3
Supervisor, Resident Services		7	
Supervisor, Activation	7		
Supervisor, Maintenance and Housekeeping	7		7
Dietitian		7	
Dietary Supervisor	7	–	–
	35	18	17

RECOMMENDED APPOINTMENTS

The following staff appointments are recommended, the appointment to take place at the existing salary rate on the same step level in their new salary range as in their previous salary range in the case of upward reclassification.

Name	Serial No.	Position
J.C. Garnett	42025	Assistant General Manager
M. Murphy	18249	Coordinator of Activation
S. Geenen	21450	Administrator of Assessment and Counselling
J. Christensen	35690	Director of Organizational and Program Development